

<i>SERFF Tracking Number:</i>	<i>AMST-125690439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Interstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>#3020659 \$25</i>
<i>Company Tracking Number:</i>	<i>08-0095</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095</i>		

## Filing at a Glance

Company: American Interstate Insurance Company

Product Name: Rule Filing

SERFF Tr Num: AMST-125690439 State: Arkansas

TOI: 16.0 Workers Compensation

SERFF Status: Closed

State Tr Num: #3020659 \$25

Sub-TOI: 16.0004 Standard WC

Co Tr Num: 08-0095

State Status: Fees verified and received

Filing Type: Rule

Co Status:

Reviewer(s): Betty Montesi, Carol Stiffler

Author: Cheryl Morott

Disposition Date: 06/26/2008

Date Submitted: 06/11/2008

Disposition Status: Approved

Effective Date Requested (New): 09/01/2008

Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008

Effective Date (Renewal):

State Filing Description:

## General Information

Project Name: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes

Status of Filing in Domicile: Pending

Project Number: 08-0095

Domicile Status Comments:

Reference Organization: NCCI

Reference Number: CircularCIF-2008-05

Reference Title: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes

Advisory Org. Circular:

Filing Status Changed: 06/26/2008

State Status Changed: 06/20/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

RE: American Interstate Insurance Company – NAIC # 31895

Workers' Compensation Rule Filing

Adoption of Item Filing B-1407 –Catastrophe Provisions Miscellaneous Values, Rules, and Statistical Codes

Company Filing: 08-0095

SERFF Tracking Number: AMST-125690439 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: #3020659 \$25  
Company Tracking Number: 08-0095  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Rule Filing  
Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095

Dear Commissioner Bowman:

American Interstate Insurance Company wishes to adopt the rules and supplementary rating information pertaining to NCCI's Circular CIF-2008-05, Item Filing B-1407.

We have enclosed the filing fee of \$25.00 for adoption of NCCI's rules and supplementary rating information. In accordance with Arkansas' prior approval, thirty-day waiting period regulations, we respectfully request an effective date of September 1, 2008. We will exercise deemer provision on that date unless disapproved within the thirty-day waiting period or any extensions thereof.

If you have any questions, please do not hesitate to contact me at 1-800-256-9052 extension 2112 or e-mail at cmorott@amerisafe.com.

Sincerely,

Cheryl Morott  
Rate Filing Services Specialist  
Regulatory Department

Enclosures

## Company and Contact

### Filing Contact Information

Kathy Wells, State Filing Coordinator  
2301 Highway 190 West  
DeRidder, LA 70634  
kwells@amerisafe.com  
(800) 256-9052 [Phone]  
(337) 460-3550[FAX]

### Filing Company Information

American Interstate Insurance Company  
2301 Highway 190 West  
CoCode: 31895  
Group Code: 680  
State of Domicile: Louisiana  
Company Type:

*SERFF Tracking Number:*      *AMST-125690439*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Interstate Insurance Company*              *State Tracking Number:*              *#3020659 \$25*  
*Company Tracking Number:*      *08-0095*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Rule Filing*  
*Project Name/Number:*              *Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095*

DeRidder, LA 70634                      Group Name: Amerisafe, Inc.                      State ID Number:  
(800) 256-9052 ext. 3323[Phone]                      FEIN Number: 58-1181498  
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SERFF Tracking Number:	AMST-125690439	State:	Arkansas
Filing Company:	American Interstate Insurance Company	State Tracking Number:	#3020659 \$25
Company Tracking Number:	08-0095		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rule Filing		
Project Name/Number:	Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095		

## Filing Fees

Fee Required?	Yes
Fee Amount:	\$25.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
000305059	\$25.00	06/11/2008

SERFF Tracking Number:	AMST-125690439	State:	Arkansas
Filing Company:	American Interstate Insurance Company	State Tracking Number:	#3020659 \$25
Company Tracking Number:	08-0095		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Rule Filing		
Project Name/Number:	Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	06/26/2008	06/26/2008
<b>Objection Letters and Response Letters</b>			

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Carol Stiffler	06/16/2008	06/16/2008	Cheryl Morott	06/26/2008	06/26/2008
Pending Industry Response	Carol Stiffler	06/12/2008	06/12/2008	Cheryl Morott	06/16/2008	06/16/2008

<i>SERFF Tracking Number:</i>	<i>AMST-125690439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Interstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>#3020659 \$25</i>
<i>Company Tracking Number:</i>	<i>08-0095</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095</i>		

## Disposition

Disposition Date: 06/26/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMST-125690439 State: Arkansas

Filing Company: American Interstate Insurance Company State Tracking Number: #3020659 \$25

Company Tracking Number: 08-0095

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: Rule Filing

Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Copy of filing fee check	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Explanatory Memo	Approved	Yes

SERFF Tracking Number: AMST-125690439 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: #3020659 \$25  
Company Tracking Number: 08-0095  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Rule Filing  
Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/16/2008  
Submitted Date 06/16/2008  
Respond By Date  
Dear Kathy Wells,

The explanatory memorandum you sent in your response to my previous objection is a Texas memorandum-- although it has some Arkansas info in it. It is also in .xls format which we do not accept on a SERFF filing. It must be submitted in .pdf format.

Please feel free to contact me if you have questions.

Sincerely,  
Carol Stiffler

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/26/2008  
Submitted Date 06/26/2008

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Dear Ms. Stiffler:

Please view attached revised explanatory memorandum. I do apologize for any inconvenience this has caused.

Sincerely,  
Cheryl Morott

### Changed Items:

### Supporting Document Schedule Item Changes

Satisfied -Name: Explanatory Memo



*SERFF Tracking Number:*      *AMST-125690439*                      *State:*                      *Arkansas*  
*Filing Company:*              *American Interstate Insurance Company*              *State Tracking Number:*              *#3020659 \$25*  
*Company Tracking Number:*      *08-0095*  
*TOI:*                      *16.0 Workers Compensation*                      *Sub-TOI:*                      *16.0004 Standard WC*  
*Product Name:*                      *Rule Filing*  
*Project Name/Number:*              *Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095*

**Comment:** Please see attachment.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,  
Cheryl Morott

SERFF Tracking Number: AMST-125690439 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: #3020659 \$25  
Company Tracking Number: 08-0095  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Rule Filing  
Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095

## Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 06/12/2008

Submitted Date 06/12/2008

Respond By Date

Dear Kathy Wells,

This will acknowledge receipt of the captioned filing.

Due to the variety of ways companies are calculating their terrorism/catastrophe rates--ie. from filing the actual rate, rounding up or down, or not rounding and taking the rate out to 4 digits, etc.--please state what your actual rates will be.

### Objection 1

- Explanatory Memorandum (Supporting Document)

Comment: The explanatory memorandum has been submitted in .xls format which is not acceptable. Please resubmit in .pdf format. When I open up the .xls document it is "garbage" --@ , `X) .

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

## Response Letter

Response Letter Status Submitted to State

Response Letter Date 06/16/2008

Submitted Date 06/16/2008

Dear Carol Stiffler,

### Comments:

### Response 1

Comments: Dear Ms. Stiffler:

Please review attached explanatory memorandum spreadsheet. We do apologize any inconvenience this may have caused you. Please feel free to contact me if you have any questions or need any further information.

SERFF Tracking Number: AMST-125690439 State: Arkansas  
Filing Company: American Interstate Insurance Company State Tracking Number: #3020659 \$25  
Company Tracking Number: 08-0095  
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC  
Product Name: Rule Filing  
Project Name/Number: Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095

Sincerely,

Cheryl Morott

**Related Objection 1**

Applies To:

- Explanatory Memorandum (Supporting Document)

Comment:

The explanatory memorandum has been submitted in .xls format which is not acceptable. Please resubmit in .pdf format. When I open up the .xls document it is "garbage" --@ , `X) .

**Changed Items:**

**Supporting Document Schedule Item Changes**

Satisfied -Name: Explanatory Memorandum

Comment: Please view attachment.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Sincerely,

Cheryl Morott

<i>SERFF Tracking Number:</i>	<i>AMST-125690439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Interstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>#3020659 \$25</i>
<i>Company Tracking Number:</i>	<i>08-0095</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095</i>		

## **Rate Information**

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMST-125690439</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Interstate Insurance Company</i>	<i>State Tracking Number:</i>	<i>#3020659 \$25</i>
<i>Company Tracking Number:</i>	<i>08-0095</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>Rule Filing</i>		
<i>Project Name/Number:</i>	<i>Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes/08-0095</i>		

## Supporting Document Schedules

<b>Satisfied -Name:</b>	Uniform Transmittal Document- Property & Casualty	<b>Review Status:</b> Approved	06/26/2008
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**Comments:**

Please view attachment.

**Attachment:**

AIIC P&C transmittal filing 08-0095.pdf

<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	<b>Review Status:</b> Approved	06/26/2008
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**Bypass Reason:** N/A

**Comments:**

<b>Bypassed -Name:</b>	NAIC loss cost data entry document	<b>Review Status:</b> Approved	06/26/2008
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**Bypass Reason:** N/A

**Comments:**

<b>Satisfied -Name:</b>	Copy of filing fee check	<b>Review Status:</b> Approved	06/26/2008
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**Comments:**

**Attachment:**

AIIC filing 08-0095 check.pdf

<b>Satisfied -Name:</b>	Explanatory Memo	<b>Review Status:</b> Approved	06/26/2008
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**Comments:**

Please see attachment.

**Attachment:**

explanatory memo for 08-0095.pdf

## Property &amp; Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	<b>2. Insurance Department Use only</b>	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #-	
g. SERFF Filing #-		
h. Subject Codes		

3.	<b>Group Name</b>				<b>Group NAIC #</b>
	Amerisafe, Inc.				680
4.	<b>Company Name(s)</b>	<b>Domicile</b>	<b>NAIC #</b>	<b>FEIN #</b>	<b>State #</b>
	American Interstate Insurance Company	Louisiana	31895	58-1181498	

5.	<b>Company Tracking Number</b>	08-0095
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Contact Info of Filer(s) or Corporate Officer(s) ☐ Include toll-free number

6.	<b>Name and address</b>	<b>Title</b>	<b>Telephone #s</b>	<b>FAX #</b>	<b>e-mail</b>
	Cheryl Morott, 2301 Highway 190 West, DeRidder, LA 70634	Rate Filing Specialist	800-256-9052 extension 2112	337-460-3550	cmorott@amerisafe.com
7.	Signature of authorized filer		<i>Cheryl Morott</i>		
8.	Please print name of authorized filer		Cheryl Morott		

Filing information (see General Instructions for descriptions of these fields)

9.	<b>Type of Insurance (TOI)</b>	16.000 - Workers' Compensation			
10.	<b>Sub-Type of Insurance (Sub-TOI)</b>	16.004- Standard Workers' Compensation			
11.	<b>State Specific Product code(s) (if applicable) [See State Specific Requirements]</b>				
12.	<b>Company Program Title (Marketing title)</b>	Rule Filing			
13.	<b>Filing Type</b>	<input type="checkbox"/> Rate/Loss Cost <input checked="" type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14.	<b>Effective Date(s) Requested</b>	<b>New:</b>	September 1, 2008	<b>Renewal:</b>	September 1, 2008
15.	<b>Reference Filing?</b>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
16.	<b>Reference Organization (if applicable)</b>	NCCI Circular CIF-2008-05			
17.	<b>Reference Organization # &amp; Title</b>	Catastrophe Provisions Miscellaneous Values, Rules and Statistical Codes			
18.	<b>Company's Date of Filing</b>	June 11, 2008			
19.	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

# Property & Casualty Transmittal Document-

20.	<b>This filing transmittal is part of Company Tracking #</b>	08-0095
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21.	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Dear Commissioner:

American Interstate Insurance Company wishes to adopt the rules and supplementary rating information pertaining to NCCI's Circular CIF-2008-05, Item Filing B-1407.

We have enclosed the filing fee of \$25.00 for adoption of NCCI's rules and supplementary rating information. In accordance with Arkansas' prior approval, thirty-day waiting period regulations, we respectfully request an effective date of September 1, 2008. We will exercise deemer provision on that date unless disapproved within the thirty-day waiting period or any extensions thereof.

22.	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) If a state requires you to show how you calculated your filing fees, place that calculation below
-----	---

Check #: 0003020659

Amount: \$25.00 dated June 11, 2008

**Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.**

**\*\*\*Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

PC TD-1 pg 2 of 2

**RATE/RULE FILING SCHEDULE**

(This form must be provided **ONLY** when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	<b>This filing transmittal is part of Company Tracking #</b>	08-0095
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2.	<b>This filing corresponds to form filing number (Company tracking number of form filing, if applicable)</b>	None
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☐ Rate Increase      ☐ Rate Decrease      ☒ Rate Neutral (0%)

3.	<b>Filing Method (Prior Approval, File &amp; Use, Flex Band, etc.)</b>	Prior Approval
----	--	----------------

4a.	<b>Rate Change by Company (As Proposed)</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)
American Interstate Insurance Company	0%	0%	8,048,190	423	8,048,190	0%	0%

4b.	<b>Rate Change by Company (As Accepted) For State Use Only</b>
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Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

<b>5. Overall Rate Information (Complete for Multiple Company Filings only)</b>			
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		COMPANY USE	STATE USE
5a.	Overall percentage rate indication (when applicable)		
5b.	Overall percentage rate impact for this filing		
5c.	Effect of Rate Filing - Written premium change for this program		
5d.	Effect of Rate Filing - Number of policyholders affected		

6.	Overall percentage of last rate revision	
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7.	Effective Date of last rate revision	
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8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
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9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01.		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02.		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03.		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



American Interstate Insurance Co., Inc

VENDOR ARKANSAS

CHECK NO. 0003020659

VCH. NO.	INVOICE NO.	DESCRIPTION	NET AMT
0000321884	AR B-1407 REVISIONS	CO FILING 08-0095 ITEM B-1407 REVISIONS	25.00

CHECK TOTAL \$\*\*\*\*\*25.00

THE CHECK IS VOID WITHOUT A COLORED BACKGROUND AND A TRUE WATERMARK - HOLD TO LIGHT TO VIEW



**American Interstate Insurance Co., Inc**  
2301 Hwy 190 West  
DeRidder, La 70634  
337-463-9052

Comerica  
Comerica Bank - Texas  
Dallas, Texas

Check No.	Check Date	Vendor No.
0003020659	06/11/2008	ARKANSAS

32-75  
1110 744

CHECK AMOUNT

\$\*\*\*\*\*25.00

PAY Twenty Five Dollars And No Cents

TO THE ORDER OF

ARKANSAS DEPARTMENT OF INSURANCE  
1200 WEST THIRD STREET  
LITTLE ROCK AR 72201-1904

BY

AUTHORIZED SIGNATURE

BY

COUNTERSIGNATURE NOT REQUIRED ON AMOUNT LESS THAN \$5,000.00

⑈0003020659⑈ ⑆111000753⑆ 1880235393⑈

**Arkansas  
EXPLANATORY MEMORANDUM**

**Filing Number:** 08-0095

**Company:** American Interstate Insurance Company

**Address:** 2301 Highway 190 West  
DeRidder, LA 70634

**NAIC Number:** 0680-31895

**State:** Arkansas

**Addressed to:** Julie Benefield Bowman  
Insurance Commissioner  
Arkansas Department of Insurance  
1200 West Third Street  
Little Rock, AR 72201-1904

**Date of Filing:** 6/12/08

**Line of Insurance** Workers' Compensation

**Explanation of Filing:** Adopt the rules and supplementary rating information pertaining  
to NCCI's Circular CIF-2008-05, Item Filing B-1407

**State Filing Forms Attached:** Property & Casualty Transmittal - PC 358 [2 pages]  
Rate/Rule Filing Schedule- PC RRFS-1

**Copies:** 3 complete filings plus 1 additional for return

**Return Envelope:** 1

**Filing Requirements:** Prior Approval

**Proposed Effective Date** 1-Sep-08

**Check Enclosed:** \$25.00  
Check Number: 0003020659

**Contact Person:** Cheryl Morott  
Rates Filing Services Specialist

**Phone number:** 1-800-256-9052 ext.2112      E-mail: cmorott@amerisafe.com